

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/556093
19 DEC 2006

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
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TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	8	8	8	8	8	8

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						

BEST AVAILABLE COPY